Image# 14960681760 PAGE 1 / 12

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office U	se Only	
1.	NAME OF COMMITTE	EE (in full)	TYPE OR	PRINT ▼		mple: If typing the lines.	ng, type	12FE4	:M5		
K	idney Ca	re Partners	Politica	Action C	ommittee				1 1 1 1		1
ADI	DRESS (num	nber and street)		nion Mill Road							
ř	Check	if different	P.O. Bo	x 160							
ŀ		previously ed. (ACC)	Clifton					VA L	20124		
2.	FEC IDEN	ITIFICATION N	IUMBER <b>T</b>	_	CITY ▲		S	STATE 🛦		ZIP COI	DE 🛦
	C cod	0431924			3. IS THIS REPORT	\ \ \	NEW N) <b>OR</b>		AMENDED (A)		
4.	TYPE OF (Choose Or	REPORT		port	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarte	erly Reports:		e On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	× A	pril 15			Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
		uarterly Report	(Q1) (c)	12-Day		Primary (12F	?)	Gen	eral (12G)		Runoff (12R)
	Q Q	uly 15 uarterly Report	(Q2)	PRE-Election Report for t		Convention (	120)	Sned	cial (12S)		
		ctober 15 luarterly Report	(Q3)	rioport for t		Convention	120)	Орос	nai (120)		
	Ja	anuary 31 ear-End Report		E	Election on	M M /	D   D /	Y	Y	in the State of	f
	Ju R	uly 31 Mid-Year eport (Non-elect ear Only) (MY)	(d)	30-Day POST-Elect		General (300	G)	Rund	off (30R)		Special (30S)
		ermination Repo	rt	Report for t	ine:	M - M /	D D /	Y . Y . Y	Y	in the	
		「ER)		E	Election on					State of	f
5.	Covering P	Period (	D1 0		2014	through	03	31	20	14	
l ce	ertify that I h	ave examined	this Report	and to the be	est of my kno	wledge and I	belief it is true	e, correct	and comple	te.	
	-	ame of Treasur		Renee Murdoo	-						
		_	n					N.	/ M / D	D /	Y
Sig	nature of Tre	easurer Sus	an Renee Mur	аоск		[Electronically	y Filed] Da	ate (	04 14	ا لـ	2014
NO <sup>.</sup>	TE: Submissi	ion of false, erro	neous, or in	complete infor	mation may su	bject the per	son signing th	is Report	to the penalti	es of 2 L	J.S.C. §437g.
	Office								FEC	FOR	M 3X
	Use Only									Rev. 12/20	

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

### Kidney Care Partners Political Action Committee

Report Covering the Period: From: 01 01 2014 To: 03 31 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		18867.76
	(b) Cash on Hand at Beginning of Reporting Period	18867.76	
	(c) Total Receipts (from Line 19)	12100.00	12100.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30967.76	30967.76
7.	Total Disbursements (from Line 31)	4040.68	4040.68
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26927.08	26927.08
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## Kidney Care Partners Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	l	
(a) Individuals/Persons Other		
Than Political Committees		7400 00
(i) Itemized (use Schedule A)	7100.00	7100.00
		0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add	7100.00	7100.00
Lines 11(a)(i) and (ii)▶	7 100:00	7100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	7	
(such as PACs)	5000.00	5000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	12100.00	12100.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	,	
(Refunds, Rebates, etc.)	200	
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(		0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i diids (iioiii Scheddie 115)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(6) 101111 10111 (11111 1011)		
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	12100.00	12100.00
Total Federal Receipts		
una receia pecelois —		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: – (a) Allocated Federal/Non-Federal	10001 11110 1 01100	Calelidai Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	3.00	
Expenditures	540.68	540.68
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	540.68	540.68
Transfers to Affiliated/Other Party  Committees	0.00	0.00
Contributions to	3.00	
Federal Candidates/Committees and Other Political Committees	3500.00	3500.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(466 66164416 1)		
Loan Repayments Made	0.00	0.00
	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Dishurasmants	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4040.68	4040.68
	7 7 7	
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	4040.68	4040.68
nom Line or,	7070.00	.540.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	12100.00	12100.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12100.00	12100.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	540.68	540.68
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	540.68	540.68

FOR LINE NUMBER: **PAGE** Use separate schedule(s) (check only one) X 11a 11b 11c

6 OF 12

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kidney Care Partners Political Action Committee Full Name (Last, First, Middle Initial) LaVarne Burton Date of Receipt Mailing Address 4296 Buckskin Lake Drive 2014 City Zip Code State Transaction ID: SA11AI.4702 MD Ellicott City 21042 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. political contribution Name of Employer Occupation American Kidney Fund President Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joyce Jackson Date of Receipt Mailing Address 6585 N.E. Windermere Road 03 21 2014 City State Zip Code Transaction ID: SA11AI.4699 WA Seattle 98105 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. political contribution Name of Employer Occupation Northwest Kidney Centers President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Hrant Jamgochian Date of Receipt Mailing Address 6010 Ryland Drive 02 26 2014 City State Zip Code Transaction ID: SA11AI.4701 MD Bethesda 20817 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. political contribution Name of Employer Occupation **Executive Director** Dialysis Patient Citizens Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 OF 12 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kidney Care Partners Political Action Committee Full Name (Last, First, Middle Initial) Ed R Jones Date of Receipt Mailing Address One Penn Blvd Suite 112 2014 City State Zip Code Transaction ID: SA11AI.4704 PΑ Philadelphia 19144 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. political contribution Name of Employer Occupation Self-Employed Practice Nephrologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Lester Date of Receipt Mailing Address 601 13th Street NW 11th Floor 02 09 2014 City State Zip Code Transaction ID: SA11AI.4707 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. political contribution Name of Employer Occupation Lester Helalth Law PLLC Principal Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kelli Lester Date of Receipt Mailing Address 3623 Stanford Circle 2014 02 25 City State Zip Code Transaction ID: SA11AI.4729 VA Falls Church 22041 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. political contribution Name of Employer Occupation Baxter Healthcare Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE NUMBER	R: PAGE 8 OF	
Use separate schedule(s) for each category of the	(check only one)		
Detailed Summary Page	X 11a 11b	11c 12	
	13 14	15 16	_

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City Deerfield  C Decupation General Manager  Aggregate Year-to-Date ▼ Decupation Dr. Robyn Y. Nishimi  Mailing Address 1220 L Street  City Deerfield  C Deerfield  C Deerfield  C Decupation Code Decupation Consultant  C Decupation Consultant  Receipt For: Primary Ceneral Other (specify) ▼ Decupation Consultant  Aggregate Year-to-Date ▼ Decupation Consultant  Aggregate Year-to-Date ▼ Decupation Consultant  C Decupa	Date of Receipt  03 08 2014  Transaction ID : SA11AI.4696  Immount of Each Receipt this Period  500.00  Date of Receipt  02 18 2014  Transaction ID : SA11AI.4705  Immount of Each Receipt this Period  550.00
Deerfield  IL 60015  FEC ID number of contributing federal political committee.  Name of Employer  Baxter Healthcare  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Robyn Y. Nishimi  Mailing Address 1220 L Street  City  State Zip Code  Washington  DC 20005  FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Promary General  Coccupation  Consultant  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)	Transaction ID : SA11AI.4696  Immount of Each Receipt this Period  500.00  Ditical contribution  Date of Receipt  M
Deerfield  IL 60015  FEC ID number of contributing federal political committee.  Name of Employer  Baxter Healthcare  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Robyn Y. Nishimi  Mailing Address 1220 L Street  City  State Zip Code  Washington  DC 20005  FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Promary General  Coccupation  Consultant  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)	Date of Receipt  M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer  Baxter Healthcare  Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Robyn Y. Nishimi  Mailing Address 1220 L Street  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary  General  Other (specify) ▼  Aggregate Year-to-Date ▼  C  City  State Zip Code  DC 20005  A  C  C  Aggregate Year-to-Date ▼  Formary  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)	Date of Receipt  M M M / D D / Y Y Y Y Y  02 18 2014  Transaction ID: SA11AI.4705  Immount of Each Receipt this Period  550.00
Baxter Healthcare  Receipt For:  Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Robyn Y. Nishimi  Mailing Address 1220 L Street  City Washington  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Code DC 20005  A  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary Other (specify) ▼  Full Name (Last, First, Middle Initial)	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Dr. Robyn Y. Nishimi  Mailing Address 1220 L Street  City Washington  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)	02 18 2014  Transaction ID: SA11AI.4705  mount of Each Receipt this Period  550.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Robyn Y. Nishimi  Mailing Address 1220 L Street  City State Zip Code Washington DC 20005  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	02 18 2014  Transaction ID: SA11AI.4705  mount of Each Receipt this Period  550.00
Other (specify) ▼ 500.00  Full Name (Last, First, Middle Initial)  Dr. Robyn Y. Nishimi  Mailing Address 1220 L Street  City State Zip Code  Washington DC 20005  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼ Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)	02 18 2014  Transaction ID: SA11AI.4705  mount of Each Receipt this Period  550.00
Dr. Robyn Y. Nishimi  Mailing Address 1220 L Street  City State Zip Code  Washington DC 20005  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	02 18 2014  Transaction ID: SA11AI.4705  mount of Each Receipt this Period  550.00
City State Zip Code  Washington DC 20005  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Consultant  Receipt For: Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)	02 18 2014  Transaction ID : SA11AI.4705  mount of Each Receipt this Period  550.00
Washington  DC 20005  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Consultant  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	Transaction ID : SA11AI.4705 amount of Each Receipt this Period 550.00
Washington  DC 20005  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Consultant  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	mount of Each Receipt this Period 550.00
FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Consultant  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial)	550.00
Self-Employed  Consultant  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	litical contribution
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	nada denandation
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	
	Date of Receipt
Mailing Address 1708 Lake Washington Blvd	02 26 2014
City State Zip Code	Transaction ID : SA11AI.4700
Seattle WA 98122 A	mount of Each Receipt this Period
FEC ID number of contributing federal political committee.	1000.00
Name of Employer Occupation	olitical contribution
DCG Chief Operating Officer	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	2050.00

	FOR LINE I	NUMBER:	PAGE	<u> 9</u> 0	) <b>-</b>
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	

12

NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	e to solicit contributions from such committee.				
Kidney Care Partners Politi	cal Action Committee					
Full Name (Last, First, Middle Initial)  Gail Wick  Mailing Address 5420 New Wellington C	Date of Receipt					
	City State Zip Code					
Atlanta	GA 30327	Transaction ID : SA11AI.4703  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer Self-Employed	Occupation Nurse	political contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial)  LeAnne Zumwalt  Mailing Address and the State of the St		Date of Receipt				
Mailing Address 310 Ascot Road  City	State Zip Code	02 19 2014				
Hillsborough	CA 94010	Transaction ID : SA11AI.4706  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	300.00				
Name of Employer DaVita	Occupation Vice President	political contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial)	<u>'</u>	Date of Receipt				
Mailing Address	Mailing Address					
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	The state of the s				
Name of Employer						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (option	nal)	1300.00				
		7400.00				
TOTAL This Period (last page this line nu	imber only)	7100.00				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 12 (check only one)  11a 11b X 11c 12 13 14 15 16 17
	ny information copied from such Reports and Sta for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
	Kidney Care Partners Political A	ction Co	mmittee	
A.	Full Name (Last, First, Middle Initial) RENAL PHYSICIANS ASSOCIATION		PAC	Date of Receipt
	Mailing Address 1700 ROCKVILLE PIKE SUITE	: 220		03 04 _ 2014 _
	City	State	Zip Code	Transaction ID : SA11C.4711
	ROCKVILLE	MD	20852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0409391	5000.00
	Name of Employer	Occupation		political contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	33 3		
	Other (specify) ▼		5000.00	
_	Full Name (Lock First Middle Initial)			
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
٥.	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	33 13	<u> </u>	
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt
•	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			5000.00

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	LINE NUMBER: PAGE 11 OF 12		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:		
	for each category of the Detailed Summary Page	<b>X</b> 21b	22 23 24 25 26		
		27	28a 28b 28c 29 30b		
Any information copied from such Reports and State					
or for commercial purposes, other than using the nar	ne and address of any politica	ai committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)	O				
	on Committee				
Full Name (Last, First, Middle Initial)					
A. Bank of America Merchant Service	es		Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address PO Box 25118			03 03 2014		
City	State Zip Code				
Tampa	FL 33622		Transaction ID : SB21B.4723		
Purpose of Disbursement					
Credit Card Processing Fees		001	Amount of Each Disbursement this Period		
Candidate Name		Category/	69.00		
Kidney Care Partners Political Acti		Туре	00.00		
Office Sought: House Disburse Senate	ment For:  Primary General				
President	Other (specify)				
State: District:	(Speed)				
Full Name (Last, First, Middle Initial)					
B. Bank of America Merchant Service	es		Date of Disbursement		
Mailing Address PO Box 25118			03 03 2014		
City					
City Tampa	State Zip Code FL 33622		Transaction ID : SB21B.4726		
Purpose of Disbursement	33322				
Purchase of Credit Card Processing Machine		001	Amount of Each Disbursement this Period		
Candidate Name	0 1::	Category/	318.60		
Kidney Care Partners Political Acti		Туре	310.00		
	ment For:				
Senate President	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursement		
Mailing Address	Mailing Address				
City	State Zip Code				
Only	State Zip Code				
Purpose of Disbursement					
			Amount of Each Disbursement this Period		
Candidate Name		Category/			
Office Sought: House Disburse	ment For:	Туре			
Office Sought: House Disburse Senate	Primary General				
President	Other (specify)				
State: District:	Curici (opcony)				
SUBTOTAL of Disbursements This Page (optional)			387.60		
TOTAL This Period (last page this line number only	)		387.60		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 12 OF 1			
ITEMIZED DISBURSEMENTS	Use separate schedule( for each category of the	(check only	one)			
	Detailed Summary Page		22 X 23 24 25 2			
		27	28a 28b 28c 29			
Any information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)	ne and address of any por	tilear committee to	Solicit contributions from Such committee.			
Kidney Care Partners Political Acti	ion Committee					
Nichey Care Farmers Folitical Acti	ion Committee					
Full Name (Last, First, Middle Initial)						
A. COMMON GOOD FUND			Date of Disbursement			
Mailing Address 200 OTEWART OTREET 4040			01 09 2014			
Mailing Address 603 STEWART STREET #819	Mailing Address 603 STEWART STREET #819					
City	State Zip Code					
SEATTLE	WA 98101		Transaction ID : SB23.4713			
Purpose of Disbursement						
political contribution		011	Amount of Each Disbursement this Period			
Candidate Name COMMON GOOD FUND		Category/	2500.00			
	ment For: 2014	Туре				
Senate Seaght.	Primary General					
President	Other (specify)					
State: District:	•					
Full Name (Last, First, Middle Initial)						
B. MARINO FOR CONGRESS		Date of Disbursement				
Mailing Address PO BOX 653		03 19 2014				
City	City State Zip Code					
WILLIAMSPORT	PA 17703		Transaction ID : SB23.4734			
Purpose of Disbursement						
political contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
THOMAS ANTHONY MARINO	and Francisco	Туре	1000.00			
	ment For: 2014  Primary General					
President	Other (specify)					
State: PA District: 10	(apasing) •					
Full Name (Last, First, Middle Initial)						
C.			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address	Mailing Address					
City	State Zip Code					
Gity	State Zip Gode					
Purpose of Disbursement	Purpose of Disbursement					
	·					
Candidate Name		Category/				
		Type				
	ment For:					
Senate President	Primary General					
State: District:	Other (specify) ▼					
otato. District.						
SUBTOTAL of Disbursements This Page (optional)			3500.00			
CODITION OF DISDUISEMENTS THIS Page (optional)		<u> </u>				
TOTAL This Period (last page this line number only	)		3500.00			
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